

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/807624

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		4					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9		(1)					59						
10	1						60						
11	1						61						
12		1					62						
13		2					63						
14		(1)					64						
15		(1)					65						
16	1						66						
17		1					67						
18		2					68						
19		2					69						
20		(1)					70						
21		(1)					71						
22		(1)					72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27		4					77						
28		(1)					78						
29	1						79						
30		1					80						
31		2					81						
32	1						82						
33		(1)					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	36						TOTAL DEP.						
TOTAL CLAIMS	43						TOTAL CLAIMS						

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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